

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032198

STATE FILE NUMBER

AMENDED

Registration District No. 70 Primary Registration District No. \_\_\_\_\_ Registrar's No. 47

FILED SEP 26 1961

1. PLACE OF DEATH a. COUNTY <u>Clark</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kahoka</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mitchel Rest Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u> c. CITY OR TOWN <u>Kahoka, Missouri</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>S. HGY. 81</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>DOLPHA</u> Middle <u>MARIE</u> Last <u>WASHBURN</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-1-1904</u>
9. AGE (last birthday) <u>57</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and state or country) <u>Alexandra, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Romie Rose</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Shoemaker</u>	
14. NAME OF HUSBAND OR WIFE <u>Harry Washburn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. INFORMANT <u>Harry Washburn</u>		17. ADDRESS <u>Kahoka, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sepsis and terminal pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Thrombotic embolism of cerebral artery. 18 m.</u> DUE TO (b) <u>Advanced arteriosclerosis</u> DUE TO (c) <u>Myocardium</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>8-26-60</u> to <u>9-19-61</u> and last saw her alive on <u>9-19-61</u> Death occurred at <u>10:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. L. Willis MD</u>		22b. ADDRESS <u>Kahoka, Mo.</u>	
22c. DATE SIGNED <u>9-23-61</u>		23. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
23a. DATE <u>9-23-1961</u>		23b. LOCATION (City, town, or county) <u>Keokuk, Iowa</u>	
24. FUNERAL DIRECTOR <u>Karle-Shaffer</u>		25. DATE REC'D. BY LOCAL REG. <u>9-23-61</u>	
25. ADDRESS <u>Kahoka, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

1961 OCT 13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. L. Shaffer

Licensed Embalmer No. 5063

P. O. Address W. L. Shaffer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.